

FEE CALCULATION

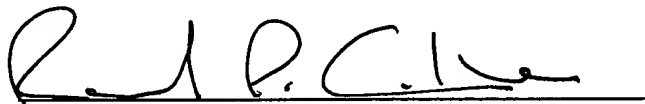
For	Current	Prev. Paid	No. Extra	Rate	Fee
Total Claims	10	- 17	0	\$ 50.00	\$ 0.00
Indep. Claims	1	- 3	0	\$ 200.00	\$ 0.00
Multiple Dependent Claims (add \$300.00 if applicable)					\$ 0.00
No Petition for Extension of Time is Required					\$ 0.00
OTHER FEE (specify purpose):					\$ 0.00
TOTAL FEE					\$ 0.00

The Commissioner is hereby authorized to charge and credit Deposit Account No. 50-1852 as described below. A duplicate copy of this sheet is enclosed.

- ☒ Credit any overpayment.
- ☒ Charge any additional fees required under 37 CFR 1.16 and 1.17.

Respectfully submitted,

April 13, 2006
Date


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